



To schedule a make up exam, please fill out the information below.

Today's Date

Student Information

First Name

Last Name

SID

Phone Number

E-mail Address

Appointment Details

Preferred Date

Preferred Time

Note Inform instructor of the date and time once you have received confirmation from the Testing Center.

Exam Location: **LB1141**

Additional notes:

Course Information

Course Name

Instructor

Exam Name (Exam 1, Final, Mid-term, etc)

Instructor E-mail

Return completed forms to the Testing Center at CC 2459C or via e-mail at nsctesting@seattlecolleges.edu.

Please allow up to 48 hours for the processing of your request.